

UTAH STATEWIDE IMMUNIZATION INFORMATION SYSTEM (USIIS) 2000 YEAR-END REPORT

[Dear USIIS partners and users: We present you an external review summary of the USIIS program performance in 2000. If you need more information, please contact Barry Nangle at 801-538-6907.]

UTAH IMMUNIZATION REGISTRY SITE-VISIT REPORT SUMMARY

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Purpose of Visit: To meet with the Utah Immunization and USIIS staff, view the Utah Statewide Immunization Information System (USIIS) at both the central and local level, review progress toward meeting the Healthy People 2010 objective, and verify information provided on the Immunization Registry Annual Report.

Time of the Site Visit: September 25-26, 2000

Summary of Progress:

In the last couple of years, USIIS has made tremendous progress in its registry development. The Governor's wife, Jackie Leavitt, has been a strong supporter of the system. In addition, the Health Department has also made this a priority, and the relationships among the different participating programs are positive.

The registry was originally funded from 317 immunization grant funds. Once USIIS became an independent project, funds from the 317 program, four health plans, and the State were used to support development. A joint coordination meeting is held monthly with the Immunization Program staff to discuss current and future features and functionality.

Providers can link to USIIS three ways:

- The Kids Immunization Database System (KIDS), which is used for local database systems with immunization records kept at the local level. Records are uploaded to the central registry and queries can be made for records in the central registry. Many local health departments use this method.
- WebKids, a new Internet application, for public, private and other providers.
- Through UHIN, the Utah Health Information Network, which is a clearinghouse that processes encounter and administrative information from billing or practice management systems. Providers sign an agreement with USIIS to share the data. USIIS worked with UHIN and Medicaid to match fields for USIIS. Information is sent to UHIN, which is then sent to payers and the health department, who then parses off the immunization data and sends it to USIIS.

In addition, there is a bridge with the WIC information system. Both WIC and USIIS systems are updated on a regular basis, allowing WIC access to current immunization records and updated WIC immunization records to be loaded into USIIS.

Providers receive 1-on-1 training when they initially enroll in USIIS, and then can request additional assistance, if needed. In addition, user support is available 5 days per week. There are a number of managed care organizations in the State, however, only the top 10, which serve 70% of the population covered, are being targeted. Currently, six of these organizations have enrolled and two are actively using the registry.

Observations:

- The staff is very committed to this project. They have strong leadership and are highly motivated to develop the best system possible. In addition, they have the support of the Governor and First Lady, along with Health Department management. In the near future, Wu Xu, the USIIS Program Director, will be moving to a new position. The effect of this will have on the registry team is unknown and of concern.
- A technology infrastructure is in place that can support and upgrade USIIS. The staff are currently housed under the USIIS umbrella, but USIIS will be moved to Vital Records in early 2001. This will ease the sharing of records and data collection, and integration issues will all be handled from the same office.
- USIIS works closely with the provider community. They have a Marketing Manager with a background in marketing who has developed a comprehensive business approach for reaching and working with the private sector. A comprehensive implementation plan with time lines has been developed, focus groups (both providers and parents) conducted, and surveys generated. Based on the information gained from these processes, strategies have been identified and marketing materials developed. The plan is very impressive. In addition, staff present or establish exhibits at conferences and special meetings for providers.
- Strong partnerships are in place that support USIIS. Partners include the Intermountain Pediatric Society, the UT Chapter of AAFP, UT Medical Association, health plans, local health departments, the DOH (Medicaid, WIC, and Immunization), and the Every Child by Two, Greater Salt Lake, and Northern UT Immunization Coalitions. A small group of vocal privacy advocates is in constant contact with the legislature and the immunization program. Staff work with this group and has been successful in keeping them updated on all issues, putting out fires before they begin.
- Funding is always of concern. USIIS alone cannot keep supporting the technical system. Integration needs to take place and resources shared. Presently, USIIS, Vital Statistics, and WIC are sharing data, with Newborn Hearing and Newborn Metabolic Screening planned for the future. The State was awarded funds for Newborn Hearing, the Health Alert Network, and genetics, which may possibly be used for integration. Current funding is broken down as follows: Public 58% (\$620,000: CDC 20%; State 26%; Medicaid 12%) and private 42% (four health plans contributing \$450,000). The Medicaid match is 50:50; however, they are exploring the possibility of increasing the match. In addition, they are considering approaching pharmaceutical companies for support. Many avenues are being explored but the outcome is unknown.
- A site visit was conducted to a local pediatric clinic, which had only been using the registry for a short time. The pediatric nurse demonstrated use of the registry, but because of the lack of a high speed ISP connection and problems with the connection, she kept being terminated. In order to get the histories entered, she was taking charts home at night to take advantage of a personal DSL line. This experience posed several problems: lack of access to data at time of encounter, use of reminder/recall, and security of records. Since the immediate concern was entry of records, the other functions were not being used. Even though the process is cumbersome, the nurse was still excited about the possibilities.

Recommendations:

Utah has made amazing progress in a very short time. Executive support, strong partnerships, and a committed staff have moved registry development and implementation forward at an incredible pace. The goals and objectives are reviewed annually, and activities are evaluated regularly. *With a couple of minor exceptions, the registry is fully operational, and provider participation is now a priority.*

- Work with Vital Statistics (VS) to decrease the time it takes to establish new records to 6 weeks or less. With the upcoming move of USIIS to VS, this issue may naturally be resolved as records will be available within the same department. Since death certificates are received once a month, birth data should be too. Also, explore alternate sources of birth data such as newborn screening.

- Though the reminder/recall functions are available, their use is limited. With further distribution and upgrade of WebKids, providers should be able to handle these functions themselves. Reinforce the benefits of reminder/recall with the providers and provide regular feedback regarding registry use.
- Develop a written disaster recovery plan with regular testing of the system.
- Since the registry is functioning and providers have several options for access, continue actively working with coalitions and partners to educate providers on the benefits of using the registry and encourage their involvement. The strategy for taking a phased community approach to registry participation (starting with Weber/Morgan Counties) is a good one and, hopefully, full participation and peer support will encourage other communities to enroll.
- Articles regarding USIIS are regularly placed in the Immunization Newsletter and other professional publications. Consider developing a USIIS newsletter that will provide regular updates on the registry and highlight new features and functions as they become available. It could also serve as a method for soliciting informal feedback from providers on specific issues, and list all providers who are new enrollees. In addition, consider giving special recognition or awards to those provider sites who have shown a substantial improvement in their practices as a result of using the registry.
- Continue the use of student interns or volunteers to help with data entry. Lack of a fully populated database is of concern for many providers, and this solution would speed the entry of both historical and current data. Their service recognition by the First Lady is commendable.

Saturation Measures/USIIS Performance Indicators

(based on annual and usage reports, updated by the USIIS staff for the summary):

- At the end of 1999, 42% of public and no private sites were participating; At the end of 2000, 62% of public and 8.8% of private provider sites are participating in the registry, totaling 17.6% of all provider sites. USIIS and the Immunization Program are slowly upgrading surplus computers and giving them to rural health departments or private providers. They are also attempting to negotiate discounted DSL lines where they could pass the discount on to providers.
- 40% (4/10) of health plans were participating with the registry in 1999. 60% (6/10) of health plans are participating in the registry at the end of 2000.
- At the end of 1999, 39.9% of children <6 years old had records with two or more immunizations in the registry; At the end of 2000, 52.7% of children <6 years old have records with two or more immunizations.
- At the end of 1999, 38.9% of children 19-35 months old were in the registry and had two or more immunizations; At the end of 2000, 56.5% of children 19-35 months old are in the registry and have two or more immunizations.
- In 2000, of the 56.5% of children 19-35 months old with two or more immunizations, 36.1% are UTD for 4:3:1. (The UTD rate at the end of 1999 was 23.1%) The NIS rate for 4:3:1 for 1999 has increased to 81.6%. Once the registry is more fully populated the difference in rates should decrease.